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CONFIRMATION NO. 9686

<b>SERIAL NUMBER</b> 09/638,241	<b>FILING or 371(c) DATE</b> 08/14/2000 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3773	<b>ATTORNEY DOCKET NO.</b> 026,314-018		
<b>APPLICANTS</b> Bret A. Ferree, Cincinnati, OH; <b>** CONTINUING DATA *****</b> <i>This appl. is a CIP of PCT/US00/14708 5/30/00, which is a CIP of 09/322516 5/28/99, now Pat. No. 6,245,107</i> <i>Q. M. W.</i> This appln claims benefit of 60/148,913 08/13/1999 <b>* FOREIGN APPLICATIONS *****</b> <i>Q. M. W.</i> UNITED STATES OF AMERICA PCT/US00/14708-05/30/2000 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 10/02/2000						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/JULIAN W WOO/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWINGS</b> 13	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> O'MELVENY & MYERS LLP 610 NEWPORT CENTER DRIVE 17TH FLOOR NEWPORT BEACH, CA 92660 UNITED STATES						
<b>TITLE</b> METHODS AND APPARATUS FOR TREATING DISC HERNIATION AND PREVENTING THE EXTRUSION OF INTERBODY BONE GRAFT						
<b>FILING FEE RECEIVED</b> 388	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			